

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAWAII LOBBYIST REGISTRATION FORMS COMMISSIC

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PARTI LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
GELBER	JONATHAN	BENNETT	808-524-0155	
MAILING ADDRESS (Street)			FAX	
745 Fort Street, Suite 1400			808-531-6963	
(City)	(State)	(Zip Code)		
Honolulu	HI	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)		TELEPHONE		
GELBER, GELBER, INGERSOLL & KLEVANSKY		808-524-0155		
MAILING ADDRESS (Street)			FAX	
745 Fort Street, Suite 1400			808-531-6963	
(City)	(State)		(Zip Code)	
Honolulu	н		96813	

PART II ORGANIZATION	\		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
National Corporate Tax Credit, Inc.		(310) 258-5161	
MAILING ADDRESS (Street)		FAX	
c/o Peter Stoughton, Esq., SVP and Associate Counsel, 6100 Center Drive, Suite 800		(310) 258-5182	
(City)	(State)	(Zip Code)	
Los Angeles	CA	90045	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Peter Stoughton, Esq.		(310) 258-5161	
MAILING ADDRESS (Street)		FAX	
6100 Center Drive, Suite 800		(310) 258-5182	
(City)	(State)	(Zip Code)	
Los Angeles	CA	90045	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	⊄ Housing	Public Safety & Corrections			
	ON OF LOBBYIST		'en correct and complete		
I hereby certify that the	e information furnished abov -	ve is, to the best of my knowled	ge, correct and complete.		
JA-AS	U.				
(Signature of Lobbyist)			(Date)		
(Signature of Lobbyist) (Date)					
DADT V ALITHODIZATI	ON TO LOBBY				
	ON TO LOBBY	TITLE OF AUTHORIZING OFFICE	R OR PERSON REPRESENTED		
PART V AUTHORIZATION NAME Peter Stoughton, Esq.	ON TO LOBBY	TITLE OF AUTHORIZING OFFICE SVP and Associate Couns			
NAME Peter Stoughton, Esq.					
NAME	applicable)		sel		
NAME Peter Stoughton, Esq. NAME OF ORGANIZATION (if a National Corporate Tax	applicable)		TELEPHONE		
NAME Peter Stoughton, Esq. NAME OF ORGANIZATION (if a	applicable) Credit, Inc.		TELEPHONE (310) 258-5161		
NAME Peter Stoughton, Esq. NAME OF ORGANIZATION (if a National Corporate Tax MAILING ADDRESS (Street)	applicable) Credit, Inc.		TELEPHONE (310) 258-5161 FAX		
NAME Peter Stoughton, Esq. NAME OF ORGANIZATION (if a National Corporate Tax MAILING ADDRESS (Street) 6100 Center Drive, Suite	epplicable) Credit, Inc. e 800		TELEPHONE (310) 258-5161 FAX (310) 258-5182		
NAME Peter Stoughton, Esq. NAME OF ORGANIZATION (if a National Corporate Tax MAILING ADDRESS (Street) 6100 Center Drive, Suite (City) Los Angeles	e 800 (State) CA	SVP and Associate Couns	TELEPHONE (310) 258-5161 FAX (310) 258-5182 (Zip Code) 90045		
NAME Peter Stoughton, Esq. NAME OF ORGANIZATION (if a National Corporate Tax MAILING ADDRESS (Street) 6100 Center Drive, Suite (City) Los Angeles	e 800 (State) CA		TELEPHONE (310) 258-5161 FAX (310) 258-5182 (Zip Code) 90045		